

HIV Professional Development Presentation

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HIV Huddles

- What did you first hear about HIV or AIDS, and how did you feel about that information?
- Why do you think young people need to know about HIV and AIDS?
- How can you help prevent young people from getting infected with HIV?

Goals:

- ☺ Explain the legalities of teaching HIV/AIDS prevention
- ☺ Provide accurate, adult-level information about HIV infection
- ☺ Identify characteristics of effective HIV prevention programs
- ☺ Increase comfort and skill in dealing with student questions

THERE IS NO CURE,
THERE IS NO VACCINE,
THERE IS ONLY EDUCATION.



AIDS Quarterly,
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HIV/AIDS & Sex Education Laws

In Michigan

HIV/AIDS Prevention Laws*

HIV education is required...

- Parental rights–
 - Advance notification
 - Content
 - Preview materials
 - Observe instruction
 - Excuse child without penalty

*Michigan

HIV/AIDS Prevention Laws*

HIV education is required...

- At least once a year at every building level
- Trained teachers
 - Accurate adult level information
 - Curriculum specific
 - Developmentally appropriate strategies

*Michigan

HIV/AIDS Prevention Laws*

HIV education is required...

- Approval process:
 - Two public hearings
 - School board approval
- Required Content–
 - Abstinence
 - Best methods for restriction and prevention of disease

*Michigan

HIV/AIDS Prevention Laws*

HIV education is required...

- Prohibited Content or Actions–
 - Abortion cannot be taught as a method of reproductive health or family planning
 - Dispense or distribute family planning drug or device in school or on property

*Michigan

Sex Education Laws

Sex education is allowed if...

- Parental rights–
 - Advance notification
 - Content
 - Preview materials
 - Observe instruction
 - Excuse child without penalty
 - Continuing written notification
- Definition of Sex Education

*Michigan

Sex Education Laws

Sex education is allowed if...

- Supervisor
- Advisory board
 - Membership
 - Role
 - Co-chairs
- Qualified teachers

*Michigan

Sex Education Laws

Sex education is allowed if...

- Approval process:
 - Two public hearings
 - School board approval
- Required Content–
 - Abstinence
 - Age appropriate
 - Not medically inaccurate
 - "A to K" criteria

*Michigan

Sex Education Laws

Sex education is allowed if...

- Prohibited Content or Actions—
 - Condones violation of laws
 - Abortion cannot be taught as a method of reproductive health or family planning
 - Dispense or distribute family planning drug or device in school or on property

*Michigan

HIV/AIDS Prevention Education

"AIDS 101"

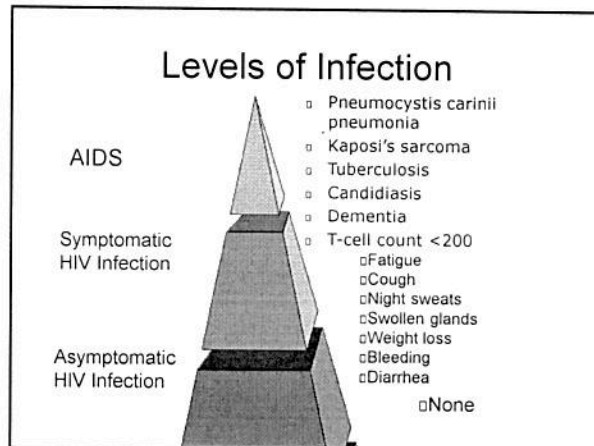
Complaint Process

- Parent or legal guardian of pupil enrolled in the district can file a complaint.
- Three-tiered investigation: local, ISD, MDE
- Total state aid penalty
 - 1% penalty for violation
 - 5% penalty for dispensing family planning or referral for abortion

*Michigan

Defining AIDS

A	□ Acquired
I	□ Immune
D	□ Deficiency
S	□ Syndrome

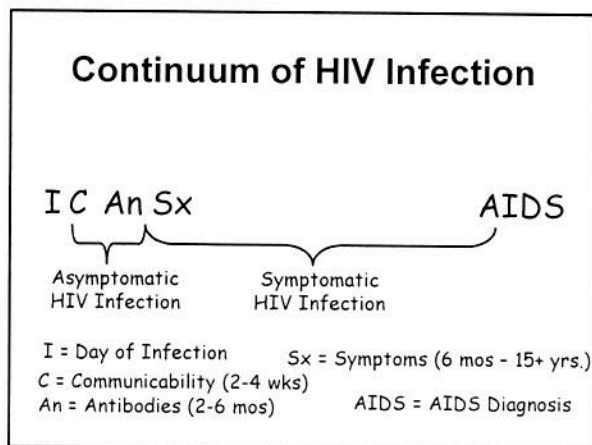


United States

Cumulative AIDS cases through December 2005:
947,585
~56% Are Deceased
9,078 Are Pediatric (<13 years old)
In 2005, 45,669 people were diagnosed with AIDS.

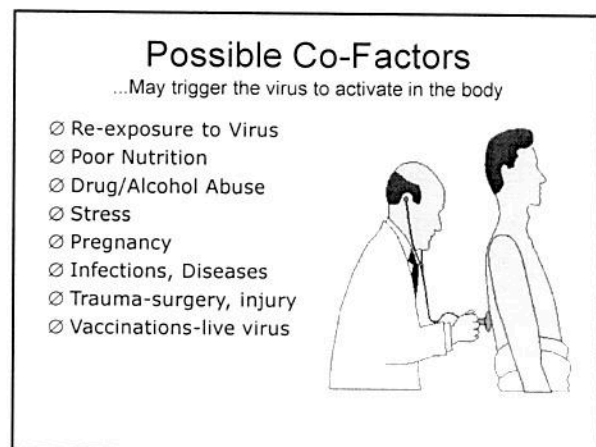
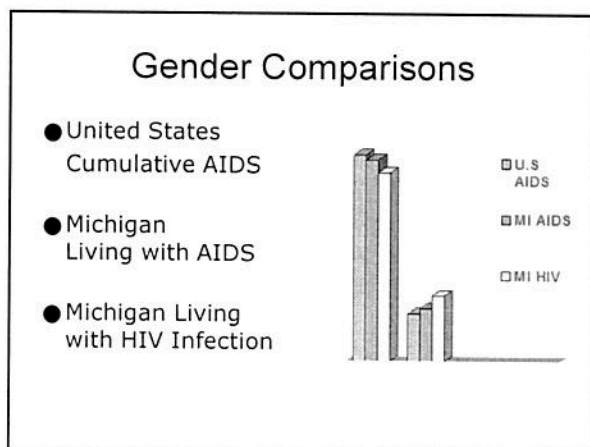
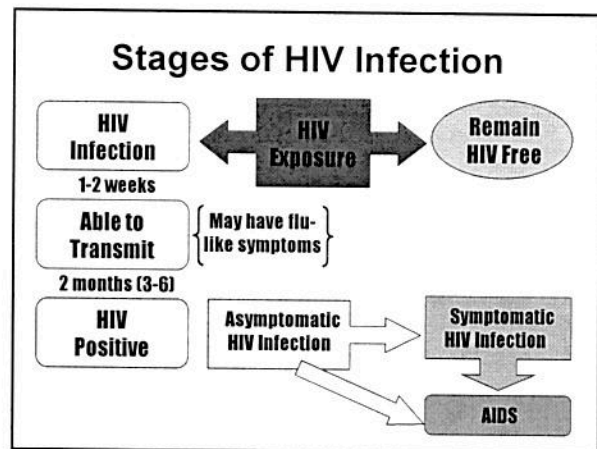
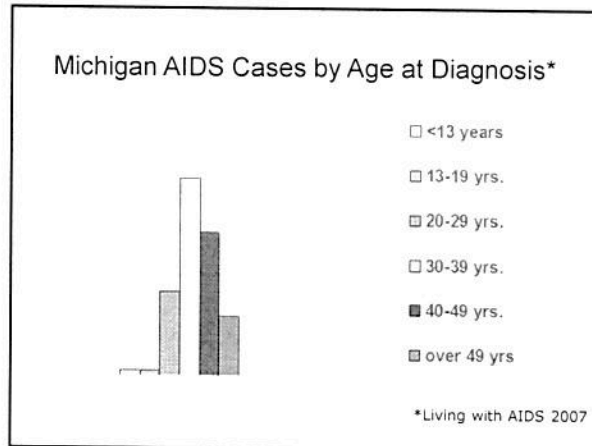
Michigan

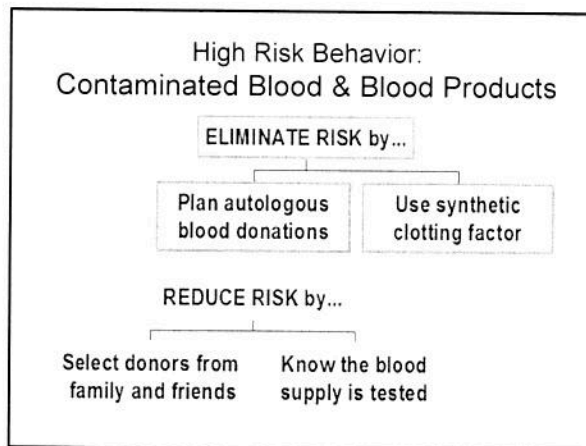
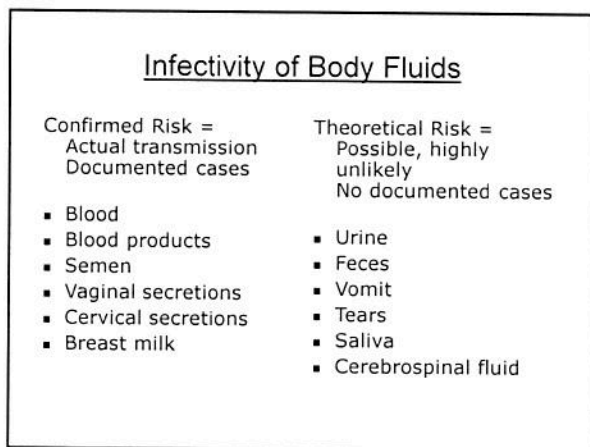
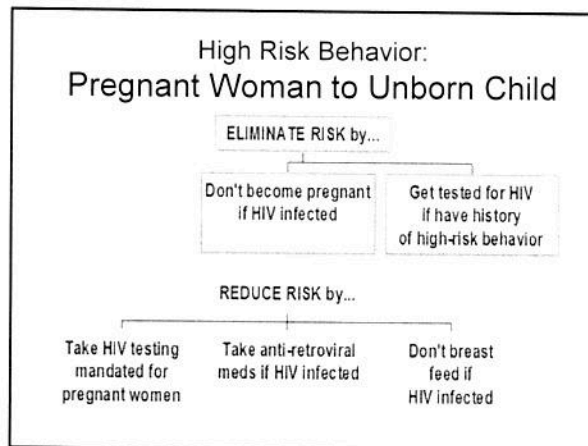
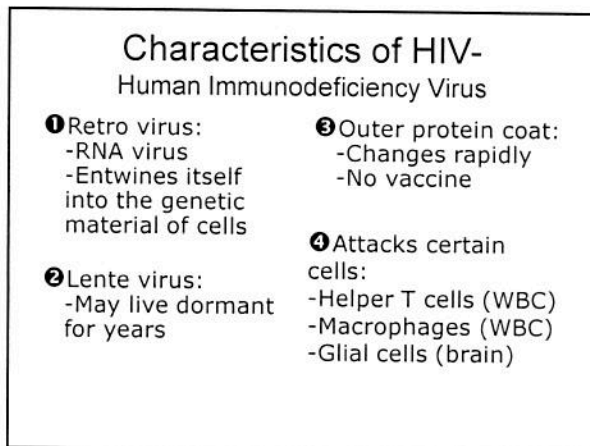
Living with AIDS through April 1, 2007: 6,673
Living with HIV (not AIDS): 6,091
200 were diagnosed at 0-12 years old
Estimated HIV prevalence: ~17,000

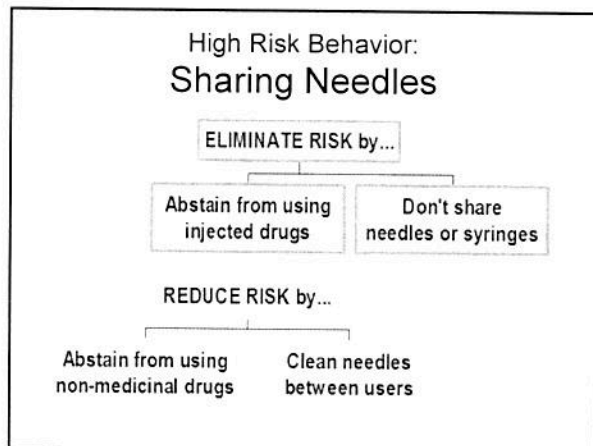


Transmission Modes for AIDS

<u>Behavior</u>	<u>MI Living</u>
Male-to-Male Sex	49%
Injecting Drug Use	14%
Male-male Sex & IDU	5%
Heterosexual Sex	13%
Undetermined:	18%
Presumed Hetero	14%
Sex w/ ped; health care	4%
Blood Products	1%
Perinatal	1%



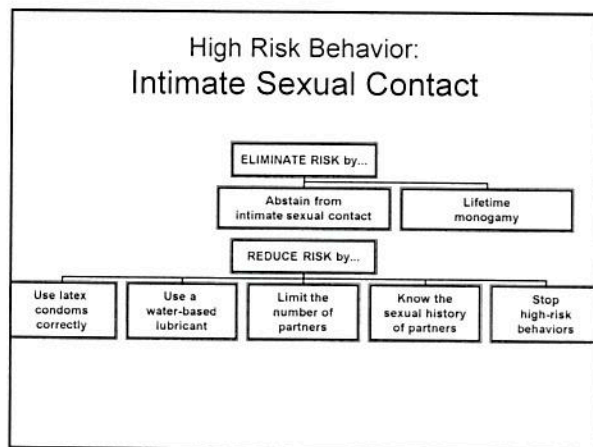




**DISEASE TRANSMISSION
POSSIBLE IN THE SCHOOL SETTING**

BODY FLUID SOURCE	INFECTIONS ORGANISM	TRANSMISSION ROUTE
Blood, semen, vaginal fluids, sweat, saliva	HIV, Hepatitis B, Hepatitis C, Syphilis, Chlamydia, Gonorrhea, Herpes, etc.	Needle sharing, sexual contact, blood transfusion, etc.
Blood	HIV, Hepatitis B, Hepatitis C, Syphilis, Chlamydia, Gonorrhea, etc.	Needle sharing, blood transfusion, etc.
Saliva	Herpes, Chlamydia, Gonorrhea, etc.	Sexual contact, blood transfusion, etc.
Urine	Chlamydia, Gonorrhea, etc.	Sexual contact, blood transfusion, etc.
Stool	Shigella, Bacteroides, etc.	Sexual contact, blood transfusion, etc.
Other	Various	Various

Disease Transmission Possible in the School Setting



Skills and Information for Educators

Who Teach
HIV Prevention Education

13 Characteristics of Effective Programs

- Employed a variety of teaching methods designed to involve the participants and have them personalize the information.
- Gave a clear message about sexual activity and condom or contraceptive use.
- Included messages and activities that were appropriate to the participants' age, sexual experience and culture.

13 Characteristics of Effective Programs

- Identified and focused on clear health goals.
- Focused narrowly on specific behaviors leading to these health goals.
- Focused on sexual psychosocial risk and protective factors.
- Implemented multiple activities to change each of the selected risk and protective factors.
- Created a safe social environment for youth to participate.

13 Characteristics of Effective Programs

- Increased knowledge by providing basic, accurate information about the risks of teen sexual activity and methods of avoiding intercourse or using protection against pregnancy and STDs.
- Attempted to change individual values and attitudes about abstinence and condoms through various mechanisms.
- Used some of the same strategies to change perceptions of peer values and to address peer pressure to have sex.

13 Characteristics of Effective Programs

- Identify specific situations that might lead to sex, unwanted sex, or unprotected sex and then identified methods of avoiding those situations or getting out of them.
- Provided modeling of and practice with communication, negotiation, and refusal skills in order to improve both skills and self-efficacy to use those skills.

(Kirby, 2005, Conference Presentation)

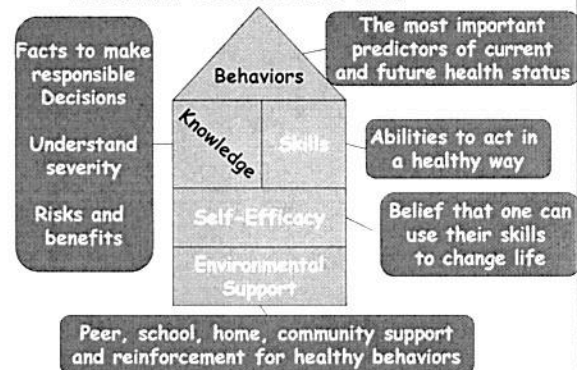
Terms

- Abstinence-centered, abstinence-only
- Abstinence-based, abstinence-plus, abstinence plus risk reduction

Effective Teaching Strategies

- Setting Ground Rules
- Answering Student Questions
- Refusal Skills
- Role Plays
- Leading Discussions
- Condom Demonstration
- Guest Speakers

Health Belief Model



Skills-Based Instruction

1. Introduce
 - Motivate
 - Explain
2. Model
 - Demonstrate
 - Check for Understanding
3. Practice
 - Guided Practice With Feedback
4. Apply
 - Use in real life

Answering Student Questions

What is good practice?

- Validate
- Repeat the question
- Know the meaning
- Ask a question back
- Pause
- "I don't know...find out"
- KISS
- Keep the door open
- Adhere to boundaries



Effective Refusal Skills

Ways to refuse:

- ★ Say a direct "no."
- ★ Suggest another activity.
- ★ Repeat the message over and over.
- ★ Say why not...fact, feeling, or opinion.
- ★ Walk away...

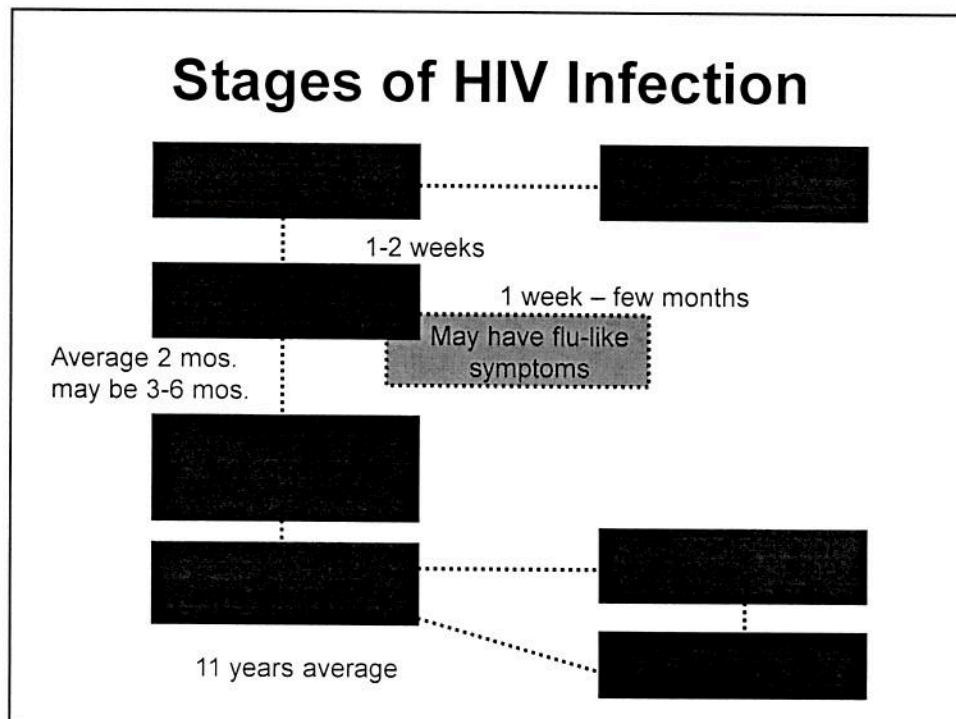
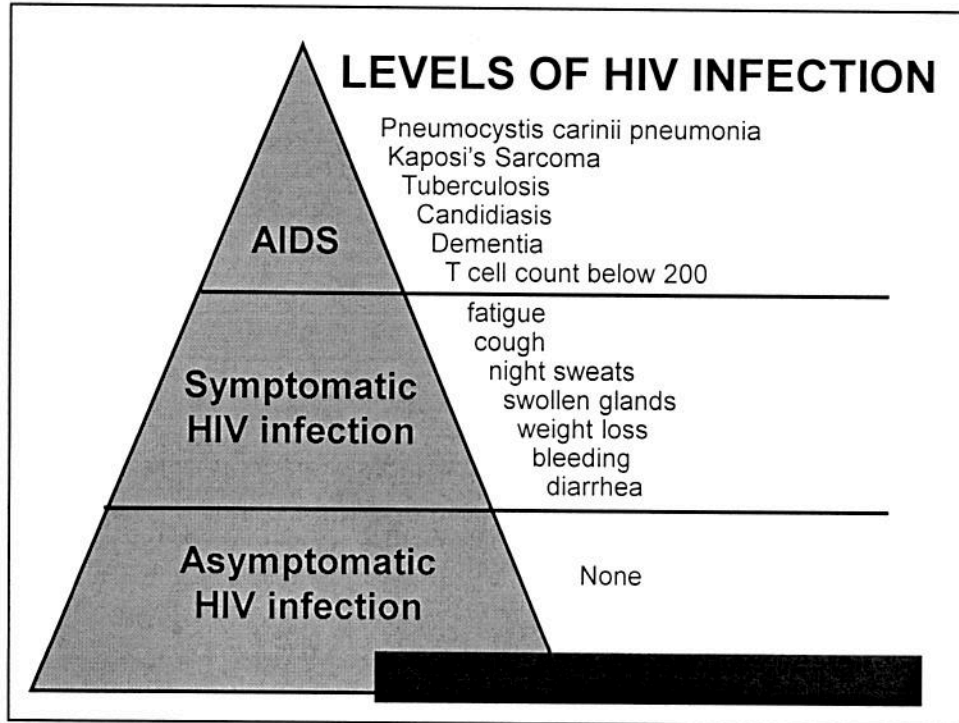
Michigan Model

Michigan Model for Health®
HIV Prevention Topics
Grades 4 and 5

- Define HIV and AIDS
- Identify how HIV is and is not transmitted
- Identify ways to protect from HIV and other blood-borne infections
- Explain ways to befriend someone with HIV infection

- Develop an understanding of...
 - ...the epidemiology of AIDS.
 - ...HIV transmission.
 - ...prevention of HIV infection.
- Balance recognition of susceptibility with a sense of personal control in preventing infection.





Human Immunodeficiency Virus Characteristics of HIV

1. Retro virus –
 - RNA virus
 - Entwines itself into the genetic materials of cells
2. Lente virus –
 - May live dormant for years
3. Outer protein coat –
 - Changes rapidly
 - No vaccine
4. Attacks certain cells –
 - Helper T Cells (WBC)
 - Macrophages (WBC)
 - Glial cells (brain)

INFECTIVITY OF BODY FLUIDS

Confirmed Risk =

Actual, documented cases

Blood
Blood products
Semen
Vaginal secretions
Cervical secretions
Breast milk

Theoretical Risk =

Possible, highly unlikely,
No documented cases

Urine
Feces
Vomit
Tears
Saliva
Cerebrospinal fluid

Pregnant Woman to Unborn Child

ELIMINATE RISK:

- Don't become pregnant if HIV infected.
- Get tested for HIV if there is a history of high-risk behavior.

REDUCE RISK:

- Accept HIV testing offered during pregnancy.
- Take antiretroviral medicine if HIV infected.
- Don't breast feed if HIV infected.

Contaminated Blood/Blood Products

ELIMINATE RISK:

- Prepare autologous blood donations.
- Use synthetic clotting factor.

REDUCE RISK:

- Select donors from friends and family.
- Know the blood supply is tested.

Sharing Needles

ELIMINATE RISK:

- Abstain from using injected drugs.
- Don't share needles or syringes.

REDUCE RISK:

- Abstain from using non-medical drugs.
- Clean needles between users.

Intimate Sexual Contact

ELIMINATE RISK:

- Abstain from intimate sexual contact.
- Commit to lifetime monogamy.

REDUCE RISK:

- Use latex condoms correctly and consistently.
- Use a water-based lubricant.
- Limit the number of partners.
- Know the sexual history of partners.
- Stop high-risk behaviors.



HIV Infection and AIDS

HIV stands for Human Immunodeficiency Virus. It is the virus that causes people to become sick and eventually get AIDS.

AIDS stands for Acquired Immune Deficiency Syndrome. This is the name of the disease caused by HIV.

**Fact
or
Myth?**

Directions:

Part 1: Mark your answers in the Pre-Test column on the right side of this page. Fold your page on the dotted line.

Part 2: After the video, mark your answers in the Post-Test column. Unfold your page and compare your answers.

	Post-Test	Pre-Test
1. HIV and AIDS keep the immune system from fighting diseases and infections.	_____	_____
2. People who take care of themselves and take their medicine will be cured of AIDS.	_____	_____
3. Only people who inject drugs need to know about AIDS.	_____	_____
4. It is safe to go to school with someone who has AIDS.	_____	_____
5. When a person has AIDS, he or she is always sick or in the hospital.	_____	_____
6. Once people know the facts about AIDS, they usually react with fear and panic.	_____	_____
7. The main ways people get HIV are from injecting drugs or having sex with someone who is infected.	_____	_____
8. HIV attacks the cells of the skin, and then the person gets better.	_____	_____
9. HIV is hard to get if a person isn't sharing needles or having sex with an infected person.	_____	_____
10. It is possible for a person to have HIV, and not have AIDS.	_____	_____
11. Scientists are studying HIV and AIDS so they can find a cure or treatment.	_____	_____
12. People who have AIDS should be left alone.	_____	_____



HIV Infection and AIDS

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Post-Test

Pre-Test

1. HIV and AIDS keep the immune system from fighting diseases and infections.

Fact

HIV gets into the body and attacks the blood cells that are part of the person's immune system. HIV destroys the cells and makes it difficult for the infected person to fight off the germs that enter his or her body.

2. People who take care of themselves and take their medicine will be cured of AIDS.

Myth

People who have AIDS may stay healthier longer if they eat well, get plenty of rest, get good medical care, and take medication. However, there is no cure for AIDS.

3. Only people who inject drugs need to know about AIDS.

Myth

Everyone should know about AIDS and HIV so they can avoid the behaviors that spread the virus and can tell others about it.

4. It is safe to go to school with someone who has AIDS.

Fact

It is safe to be in school with a person with AIDS. HIV is transmitted by blood-to-blood contact, not by casual contact, such as shaking hands, sharing pencils and books, hugging, playing games, and eating lunch together.

5. When a person has AIDS, he or she is always sick or in the hospital.

Myth

A person with AIDS has periods of health interspersed with periods of illness, depending on what germs he or she has been exposed to.



6. Once people know the facts about AIDS, they usually react with fear and panic.

Myth

People who don't know the facts about AIDS tend to believe that they can be infected with HIV very easily. Once they know how HIV is and isn't spread, they are less fearful and know how to protect themselves.

7. The main ways people get HIV are from injecting drugs or having sex with someone who is infected.

Fact

Most of the people who have HIV infection got infected by sharing needles or having sex with an infected person. It is also possible for an infected pregnant woman to pass it to her baby. Since 1985, the blood supply used for blood transfusions is tested, and the clotting factor is heat treated. Consequently, the chance of transmitting HIV by blood transfusions is very low.

8. HIV attacks the cells of the skin, and then the person gets better.

Myth

HIV attacks the white blood cells that help the immune system do its job. The immune system is the body's defense against germs that can make you sick. HIV keeps the white blood cells from being able to fight germs, so the person gets ill repeatedly until he or she may no longer be able to recover.

9. HIV is hard to get if a person isn't sharing needles or having sex with an infected person.

Fact

Since HIV is not spread by casual contact, a person will not get it easily. If a person is sharing needles or having sex with someone who is infected, he or she may become infected.

10. It is possible for a person to have HIV, and not have AIDS.

Fact

People who become infected with HIV usually have the virus for a long period of time before they become sick. The length of time between being infected with HIV and being diagnosed with AIDS depends on lots of different things. Scientists have developed many drugs that can be used to help people with HIV. Most doctors believe that a lot of people can be treated for a very long time. However, a person who is infected with HIV can still spread the virus to others, even if he or she is not yet sick.

11. Scientists are studying HIV and AIDS so they can find a cure or treatment.

Fact

Scientists are working hard to find a cure for AIDS, effective treatments to prolong the life of infected people, and vaccines to prevent HIV infection or to stop it from making people sick.

12. People who have AIDS should be left alone.

Myth

People who have AIDS or HIV infection often feel lonely and left out. They want to be treated just like anyone else. If you know someone who is infected with HIV, ask the person if he or she wants to be left alone or included in activities.

HIV/AIDS Student Learning Objectives and Media

Fourth and Fifth Grade

Grade 4: Lesson 1: HIV Infection—What to Do and What Not to Do

Lesson Objectives	National Health Education Standards
<ul style="list-style-type: none"> Define HIV and AIDS. 	Core Concepts
<ul style="list-style-type: none"> Identify how HIV is and is not transmitted. 	Core Concepts
<ul style="list-style-type: none"> Identify ways people can protect themselves from infection with HIV and other blood-borne infections, including not touching blood and used hypodermic or tattoo needles. 	Self Management
<ul style="list-style-type: none"> Explain that it is safe to be a friend to someone who is living with HIV or AIDS. 	Core Concepts

Media: *AIDS and the Immune System*, SVE and Churchill Media (11 minutes)

Grade 5: Lesson 1: HIV Infection—Prevention and Compassion

Lesson Objectives	National Health Education Standards
<ul style="list-style-type: none"> Define HIV and AIDS. 	Core Concepts
<ul style="list-style-type: none"> Identify how HIV is and is not transmitted. 	Core Concepts
<ul style="list-style-type: none"> Identify ways people can protect themselves from infection with HIV and other blood-borne infections, including not touching blood and used hypodermic or tattoo needles. 	Self Management
<ul style="list-style-type: none"> Explain that it is safe to be a friend of someone who is living with HIV or AIDS. 	Core Concepts

Media: *AIDS: Facts for Kids*, Marsh Media (9 minutes)

Comparison of HIV Lesson Objectives and Media for 1994, 2000, and 2006 Revised Michigan Model for Grades 4 and 5

1994		2006	
Grade 4		Grade 4	
<p>Lesson 1: HIV Infection and the Immune System</p> <ul style="list-style-type: none"> Students will compare and contrast the function of the immune system when a person is infected with HIV versus other infections. Students will describe ways HIV is and is not transmitted. Students will summarize what they know about HIV infection and how to treat someone who had HIV infection or AIDS. <p>Video: <i>AIDS and the Immune System</i></p>		<p>Lesson 1: HIV Infection—What to Do and What Not to Do</p> <ul style="list-style-type: none"> Define HIV and AIDS. Identify how HIV is and is not transmitted. Identify ways people can protect themselves from infection with HIV and other blood-borne infections, including not touching blood and used hypodermic or tattoo needles. Explain that it is safe to be a friend of someone who is living with HIV or AIDS. <p>Video: <i>AIDS and the Immune System</i></p>	
2000		2006	
Grade 5		Grade 5	
<p>Lesson 1: HIV Infection and AIDS—Sorting the Information</p> <ul style="list-style-type: none"> Students will tell what they already know about HIV infection and AIDS. Students will categorize statements about HIV infection and AIDS as facts or myths. Students will know the correct information related to AIDS myths they have heard. <p>Lesson 2: Preventing HIV Infection</p> <ul style="list-style-type: none"> Students will explain the ways HIV is not transmitted. Students will explain the ways HIV is transmitted. Students will apply their knowledge about HIV by making a commitment to protect themselves and others from getting HIV infection. <p>Video: <i>AIDS: Facts for Kids*</i></p>		<p>Lesson 1: HIV Infection—What to Do and What Not to Do</p> <ul style="list-style-type: none"> Define HIV and AIDS. Identify how HIV is and is not transmitted. Identify ways people can protect themselves from infection with HIV and other blood-borne infections, including not touching blood and used hypodermic or tattoo needles. Explain that it is safe to be a friend of someone who is living with HIV or AIDS. <p>Video: <i>AIDS: Facts for Kids</i></p>	

* The 1994 lesson used the Ryan White video, which has been recalled due to outdated information about hemophilia.

DISEASE TRANSMISSION POSSIBLE IN THE SCHOOL SETTING

BODY FLUID SOURCE	INFECTIOUS *ORGANISM	TRANSMISSION ROUTE
Respiratory Secretions -saliva -nasal discharge	Mononucleosis virus Common cold virus Influenza virus Hepatitis B virus	Oral inoculation from contaminated hands Bloodstream inoculation through bites
Vomit	Gastrointestinal viruses, e.g., Norwalk agent, Rotavirus	Oral inoculation from contaminated hands
Urine -elimination -incontinence	Cytomegalovirus	Bloodstream, oral and mucus membrane inoculation from contaminated hands
Feces -elimination -incontinence	Salmonella bacteria Shigella bacteria Rotavirus Hepatitis A virus	Oral inoculation from contaminated hands
Blood -cuts/abrasions -nosebleeds -menses -contaminated needle	Hepatitis B virus Human Immunodeficiency Virus Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands Direct blood stream inoculation
Semen	Hepatitis B virus Human Immunodeficiency Virus Gonorrhea	Sexual contact

* This is not an all inclusive list of organisms of concern for transmission in the school setting.

Fast Facts

About the Health and Learning Link!

When trying to increase student achievement, we can't ignore the impact of health!

Research has yet to confirm a direct, empirical, and irrefutable link between comprehensive school health programs and academic achievement. However, numerous evaluation studies and literature in education and health promotion confirm a strong correlation between student involvement in health risk behaviors and negative outcomes on the following selected measures of school performance:

- Education outcomes: lower graduation rates, class grades, and performance on standardized tests
- Education behaviors: lower student attendance, increased dropout rates, behavioral problems at school, and reduced involvement in school activities such as homework and extracurricular pursuits
- Student attitudes toward school: reduced aspirations for postsecondary education and less feeling of safety on school property

Intentional Injuries (abuse, homicide, suicide, violence)

- U.S. Department of Education has identified the following challenge: "All children need a safe environment in which to learn and achieve. Too many schools in America remain unsafe; too many teachers are threatened by violence; and too many children fear for their safety." Their solution: "Ensure a safe and orderly school by implementing programs that protect students and teachers, encourage discipline and personal responsibility and combat illegal drugs."
- The U.S. Department of Education's "No Child Left Behind Act" is intended to help make schools safer and drug free in the following ways:
 - Encourages laws on the books to be aggressively enforced.
 - Requires states to report on school safety to the public.
 - Protects teachers so they can teach and maintain order.
 - Anticipates the potential for violence in schools.
 - Provides a mechanism for students to leave chronically dangerous schools.
- Selected objectives from Healthy People 2010 specify targets for reducing abuse, neglect, suicide, physical fighting, and weapon carrying among adolescents.
- Emerging evidence suggests exposure to violence has lifelong effects on learning. Research confirmed that students manifest coping difficulties associated with stress-related violence both at school and at home.
- Intentional injury risks also have been associated with gang-related activities, destruction of school property, and truancy.

Fast Facts About the Health and Learning Link! (continued)

- Children abused by adult care-givers exhibit significant differences in academic achievement and intellectual functioning.
- Children who witness chronic violence may exhibit poor concentration, shorter attention span, and a general decline in academic performance.
- Violence in the home (chaos and unpredictability in the environment) causes children to be fearful, cautious, and withdrawn from feelings, thoughts and responses. These students often manifest delayed language development and an overall sense of powerlessness that inhibits normal patterns of goal setting essential for performing well in school and planning for the future.
- Learners living with violence often manifest physical problems including sleep disturbances and stress-related complaints such as headaches, stomach distress, and asthma attacks that make student unable to gain the most from educational experiences.

Alcohol, Tobacco, and Other Drug Use

- Students who use drugs display many of the same attributes as school dropouts including less commitment and attachment to the conventional values and institutions of family and school, and a generally lowered sense of psychological well-being.
- Adolescents who use drugs have lower grades, stronger ties to peers, poorer relationships with parents, and more negative attitudes toward school than adolescents who do not use drugs. Drug-using students also have increased absenteeism, are often less religious, are more likely to be depressed, are more rebellious, and demonstrate more frequent risk-taking behavior related to delinquency than their peers who do not use drugs.
- Drug use may directly predict dropping out of school.
- Drug use has been linked to truancy, and detracts from full participation in classroom activities through reduced attention span and lowered investment in homework.
- Drug use has been linked to increased association with drug-using and deviant subcultures that support a lack of attachment to, and therefore an increased likelihood of, dropping out of school.
- Drug use can interfere with cognitive functioning, memory, sensation, and perception.
- Drug use can stifle creativity, thwart imagination, and suppress ambition.
- Drugs interfere with the brain's ability to receive, sort, and synthesize information.
- Drugs adversely affect adolescent development and endanger the successful transition to adulthood.
- Pervasive drug use among students represents a threat to a positive school climate.
- Drug use has been associated with an erosion of self-discipline and motivation necessary for academic success.
- Substance use has been linked with sexual risk-taking, legal problems, and increased risk for intentional and unintentional injury.

Fast Facts About the Health and Learning Link! (continued)

Dietary Behaviors

- When children are hungry or undernourished, they manifest a number of behaviors, including irritability, apathy, and physical inactivity, that have a negative impact on learning. These children often have little energy and exhibit difficulty concentrating.
- Hungry students are at increased risk for infection and are more likely to miss school and fall behind in class work.
- Obese learners suffer long-term physical complications and significant psychological and social consequences.
- Obese children often have low self-esteem from the ostracism they receive from peers. This ostracism has been demonstrated to pose a negative effect on learning.
- Children participating in school-based breakfast and lunch programs demonstrated increased school attendance, greater class participation, improved emotional behavior, and increased academic achievement.

Physical Activity Behaviors

- Researchers have confirmed a link between persons who exercise and participation in other positive lifestyle behaviors including reduced cigarette use, improved dietary practices, and increased practice of effective stress management techniques.
- Evidence suggests that exercise is associated with improved academic outcomes, maintenance of positive interpersonal relationships, and reduced incidence of depression, anxiety, and fatigue.
- One study concluded that school-based physical activity programs increased concentration; improved mathematics, reading, and writing scores; and reduced disruptive behaviors.
- Participation in vigorous physical activity has been linked to reduction in anxiety, tension, depression, and reactivity to stressors, which improves student attitudes toward themselves and school.

Sexual Behaviors

- Negative health consequences from sexual behaviors include pregnancy, sexually transmitted diseases, and the associated consequences of infertility, cervical cancer, and ectopic pregnancy.
- Adolescent mothers face increased risk for reduced educational achievement, unstable relationships with the child's father, subsequent births in closer proximity, and lower status employment and income.
- Studies confirm that childbirth during the high school years is associated with significantly reduced academic achievement. Younger women who bear children are less likely to complete high school than their older counterparts.
- Adolescents who become pregnant are less likely to be involved in school activities, tend to have lower grades, and continue to be likely to participate in sexual risk behaviors.